

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

12-6-02

* 01-348

John R. Feore, Jr.

Dow, Lohnes & Albertson, PLLC

1200 New Hampshire, Avenue, N.W.

Suite 800

Washington, DC 20036

2. Article Number (Copy from service label)

0023 0771 2832

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

A. Cole

B. Date of Delivery

12-13-02

C. Signature

X

Al Cole

☐ Agent☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

DOCKET NO. 01-348

RECEIVED & INSPECTED

DEC 11 2002

CERTIFIED

MAIL

RETURN ROOM RECEIPT

REQUESTED

ORDER DATED

12-6-02

FCC 02M-109

MIMEOGRAPH NO.

NAME: John R. Feore, Jr.

Dow, Lohnes & Albertson, PLLC

1200 New Hampshire, Avenue, N.W.

Suite 800

Washington, DC 20036

C. R. R. NO.

BY

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage

\$.37

Certified Fee

2.30

Return Receipt Fee
(Endorsement Required)

1.75

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$ 4.42



Name (Please Print Clearly) (to be completed by mailer)

JOHN R. FEORE, JR.

Street, Apt. No., or PO Box No.

1200 NEW HAMPSHIRE AVENUE, N.W.

City, State, ZIP+4

WASHINGTON, DC 20036

PS Form 3800, July 1999

See Reverse for Instructions

7000 0600 0023 0771 2832